Health IT for the Care Continuum Task Force:
Draft Recommendations to the HITAC

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HITCC Task Force Presentation: Outline

- Task Force Members

- Task Force Charge

- Introduction/Background

- Draft Recommendations

- Questions and Feedback

Membership

Name	Organization	Role
Carolyn Petersen	Individual	Co-Chair
Christoph Lehmann	Vanderbilt University Medical Center	Co-Chair
Aaron Miri	The University of Texas at Austin	HITAC Committee Member
Steve Waldren	American Academy of Family Physicians	SME
Susan Kressly	Kressly Pediatrics	SME
Chip Hart	Physician's Computer Company	SME

Health IT for the Care Continuum Task Force Charge

- **Overarching Charge**: Provide recommendations on ONC's approach, recommendations, and identified 2015 Edition certification criteria to support pediatric care and practice settings; related criteria to support multiple care and practice settings; and a request for information on how health IT can support the treatment and prevention of opioid use disorder.

- **Specific Charge:** Provide recommendations on the following:

  ➢ The 10 ONC recommendations to support the voluntary certification of health IT for pediatric care, including whether to remove a recommendation

  ➢ Identified 2015 Edition certification criteria for supporting the certification of health IT for pediatric care and practice settings

  ➢ Pediatric technical worksheets

  ➢ 2015 Edition "DS4P" and "consent management for APIs" certification criteria

  ➢ How health IT can support the treatment and prevention of opioid use disorder in alignment with the HHS strategy to address the opioid crisis

Health IT for Pediatric Care and Practice Settings

In response to the requirements set forth in section 4001 of the Cures Act, ONC has:

1 Developed ten recommendations for the voluntary certification of health IT for pediatric care that does NOT include a separate certification program for pediatric care and practice settings.

2 Identified current and proposed new 2015 Edition certification criteria that support pediatric care and practice settings.

3 Focused on non-regulatory initiatives that are nimble and responsive to stakeholders, including development of informational resources to support setting-specific implementation that aligns with the ONC Health IT Certification Program.

https://www.healthit.gov/NPRM

Health IT for Pediatric Care and Practice Settings

ONC DEVELOPED RECOMMENDATIONS BASED ON STAKEHOLDER-IDENTIFIED CLINICAL PRIORITIES AND THE CHILDREN'S EHR FORMAT

Pediatric stakeholders identified clinical priorities and evaluated them with ONC.

Access Children's EHR Format Here

ONC RECOMMENDATIONS FOR PEDIATRIC HEALTH IT VOLUNTARY CERTIFICATION CRITERIA

1. Use biometric specific norms for growth curves and support growth charts for children
2. Compute weight based drug dosage
3. Ability to document all guardians and caregivers
4. Segmented access to information
5. Synchronize immunization histories with registries
6. Age and weight specific single dose range checking
7. Transferrable access authority
8. Associate mother's demographics with newborn
9. Track incomplete preventative care opportunities
10. Flag special health care needs

ONC CERTIFICATION CRITERIA TO SUPPORT PEDIATRIC CARE AND PRACTICE SETTINGS

CURRENT 2015 EDITION CRITERIA:

- Transitions of Care
- Care Plan
- View, Download, Transmit
- Application Programming Interface (API)
- Data Segmentation for Privacy
- Problem List
- Electronic Prescribing
- Common Clinical Data Set (CCDS)
- Social, Psychological, and Behavioral Data
- Clinical Quality Measure (CQM)
- Clinical Decision Support
- Immunizations
- Demographic data capture
- Family health history
- Patient health data capture
- Privacy and security

PROPOSED NEW 2015 EDITION CRITERIA:

- United States Core Data Set for Interoperability (USCDI)
- Electronic prescribing
- FHIR-based API
- Data segmentation for privacy

https://www.healthit.gov/pediatrics

Pediatric Technical Worksheets

Appendix: Pediatric Technical Worksheets

Four Broad Questions - Focusing on Q3 & Q4

1. *What relevant gaps, barriers, safety concerns, and/or resources (including available best practices, activities, and tools) may impact or support feasibility of the recommendation in practice?*

2. *How can the effective use of IT support each recommendation as involves provider training, establishing workflow, and other related safety and usability considerations?*

3. **Should any of the recommendations <u>not</u> be included?**

4. **Should any of the functional criteria listed under the "Alignment with 2015 Edition Certification Criteria" and the "Alignment with Proposed New or Updated Certification Criteria" be removed as a correlated item to support any of the recommendations?**

Appendix: Pediatric Technical Worksheets

These worksheets contain information on how each recommendation corresponds to the Children's EHR Format and to the existing or proposed new ONC certification criteria. We invite readers to use these worksheets to inform public comment on the recommendations, the inclusion of specific items from the Children's EHR Format[193], and the identified certification criteria as they relate specifically to use cases for pediatric care and sites of service.

We welcome public comment on the identified certification criteria for each recommendation. Specifically, we seek comment for each recommendation on the following four broad questions:

- **Q1.** What relevant gaps, barriers, safety concerns, and/or resources (including available best practices, activities, and tools) may impact or support feasibility of the recommendation in practice?
- **Q2.** How can the effective use of IT support each recommendation as involves provider training, establishing workflow, and other related safety and usability considerations?
- **Q3.** Should any of the recommendations <u>not</u> be included?
- **Q4.** Should any of the functional criteria listed under the "Alignment with 2015 Edition Certification Criteria" and the "Alignment with Proposed New or Updated Certification Criteria" be removed as a correlated item to support any of the recommendations?

Commenters are encouraged to reference the specific recommendation number (110) with the corresponding question number in their response. For example, "Recommendation 1. Q3." Commenters are highly encouraged to use the template ONC has created to support public comment on the proposed rule.

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[193] https://healthit.ahrq.gov/health-it-tools-and-resources/pediatric-resources/childrens-electronic-health-record-ehr-format

Summary of Recommendations

- **Recommendation 1-6**

  » Consensus that all functional criteria under the "Alignment with 2015 Edition Certification Criteria" and the "Alignment with Proposed New or Updated Certification" should be retained as listed

- **Recommendation 7 – 10**

  » Tentative consensus that all functional criteria under the "Alignment with 2015 Edition Certification Criteria" and the "Alignment with Proposed New or Updated Certification" should be retained as listed

- **Supplemental Children's EHR Format Requirements**

  » Plans to discuss further in future TF meetings

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Recommendation 1

- **Recommendation 1**: Use biometric-specific norms for growth curves and support growth charts for children

- **Description**: The system shall include the ability to use pediatric age-specific norms for weight, height/length, head circumference, and BMI to calculate and display growth percentiles and plot them over time on standardized Centers for Disease Control and Prevention/World Health Organizations (CDC/WHO) growth curves as appropriate.

  » Alignment with 2015 Edition Certification Criteria

    – Common Clinical Data Set (CCDS)

    – Demographic

    – Clinical Decision Support (CDS)

    – Application Programming Interfaces (APIs)

  » Alignment with Proposed New or Updated Certification Criteria

    – United States Core Data for Interoperability (USCDI)

    – Application Programming Interfaces (APIs)

Recommendation 1

- Comments on relevant gaps, barriers, safety concerns, and/or resources (including available best practices, activities, and tools) that may impact or support feasibility of recommendation 1 in practice:

  » Safety Concerns:

    – Displayed value must be able to reference correct data sets

- Additional Implementation Considerations:

  » Should include a visual display to serve as an alert

    – Limit to data that are in the public domain and evidence based

Recommendation 2

- **Recommendation 2**: Compute weight-based drug dosage

- **Description**: The system shall compute drug dose, based on appropriate dosage ranges, using the patient's body weight and body surface area, and shall display the dosing weight and weight-based dosing strategy (when applicable) on the prescription.

  » Alignment with 2015 Edition Certification Criteria

    – Electronic Prescribing

  » Alignment with Proposed New or Updated Certification Criteria

    – United States Core Data for Interoperability (USCDI)

    – Electronic Prescribing

Recommendation 2

- Comments on relevant gaps, barriers, safety concerns, and/or resources (including available best practices, activities, and tools) that may impact or support feasibility of recommendation 2 in practice

  » Significant safety concerns with usability

    – Should be limited to liquid medications

    – Should be displayed in mL

    – Calculators – should not be able to round more than what is humanly measureable

- Additional implementation Considerations:

  » Prescription final dose should be transmitted with metadata – additional information in text on how dose was derived

  » Include original weight for calculation

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Recommendation 3

- **Recommendation 3**: Ability to document all guardians and caregivers

- **Description:** The system shall provide the ability to record information about all guardians and caregivers (biological parents, foster parents, adoptive parents, guardians, surrogates, and custodians), siblings, and case workers, with contact information for each.

  » Alignment with 2015 Edition Certification Criteria

    – Care Plan

    – Transitions of Care

    – Application Programming Interfaces

    – Transitions of Care

    – Demographic

  » Alignment with Proposed New or Updated Certification Criteria

    – Unites States Core Data for Interoperability (USCDI)

    – Data Segmentation for Privacy

    – Application Programming Interfaces

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Recommendation 3

- Additional Implementation Considerations:

  » Guardian and caregiver information should be documented in a structured way (including role)

  » Encourage nomenclature in the future

    – no current standard to reference to

  » Should have infinite ability to add list for all relevant contacts of the family (no limited fixed number)

  » Ability to manage list

    – remove, archive, or start/end date (active vs. historical participants)

Recommendation 4

- **Recommendation 4**: Segmented access to information

- **Description**: The system shall provide users the ability to segment health care data in order to keep information about minor consent services private and distinct from other content of the record, such that it is not exposed to parents/guardians without the minor's authorization.

  » Alignment with 2015 Edition Certification Criteria

    – Data Segmentation for Privacy

    – Transitions of Care

  » Alignment with Proposed New or Updated Certification Criteria

    – United States Core Data for Interoperability (USCDI)

    – Data Segmentation for Privacy

    – Application Programming Interfaces (APIs)

Recommendation 4

- Relevant gaps, barriers, safety concerns, and/or resources (including available best practices, activities, and tools) that may impact or support feasibility of recommendation 4 in practice:

  » Preventing what information gets sent out relevant to dependents on family based insurance (e.g., billing information)

  » Limited by lack of legal and clinical standards on what is appropriate

  » Different state privacy rules

  » Various usability issues – dependency and burden on users

- Additional Implementation Considerations:

  » Allow EHR to grant user access level to tag

    – Provide protection when user adds data

    – Prevent tagged data from showing in CDA, portal, or exit note given to another provider

  » Future work considerations:

    – Transmission and sharing of data

    – How end-users use the data received

    – Level of granularity involved with tagging

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Recommendation 5

- **Recommendation 5**: Synchronize immunization histories with registries

- **Description**: (A) The system shall use the messaging standards established through meaningful use requirements to send data to immunization information systems or other HIEs. (B) The system shall use the messaging standards established through meaningful use requirements to receive data from immunization information systems or other HIEs.

  » Alignment with 2015 Edition Certification Criterion

    – Transmission to Immunization Registries

    – View, Download, and Transmit to Third Party (VDT)

  » Alignment with Proposed New or Updated Certification Criteria

    – United States Core Data for Interoperability (USCDI)

    – Application Programming Interfaces (APIs)

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Recommendation 5

- Relevant gaps, barriers, safety concerns, and/or resources (including available best practices, activities, and tools) that may impact or support feasibility of recommendation 5 in practice:

  » Functional issues with usability

    – Not currently reliable for users

      • Receiving incorrect information from Immunization Information Systems (IIS)

    – Lag on adoption curve & timing of updates

  » Additional Implementation Considerations:

    – Needs future work into consolidating state immunization forecasting model into single resource

    – Reduce amount of time to update forecasting

    – Look into onboarding practices for immunization forecasting

    – Clinicians should be able to verify source origins

Recommendation 6

- **Recommendation 6**: Age and weight-specific single-dose range checking

- **Description**: The system shall provide medication dosing decision support that detects a drug dose that falls outside the minimum-maximum range based on the patient's age, weight, and maximum recommended adult dose (if known) or maximum recommended pediatric dose (if known), for a single dose of the medication.

  » Alignment with 2015 Edition Certification Criteria

    – Clinical Decision Support (CDS)

    – Application Programming Interfaces (API)

  » Alignment with Proposed New or Updated Certification Criteria

    – United States Core Data for Interoperability (USCDI)

    – Application Programming Interfaces (API)

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Recommendation 6

- Relevant gaps, barriers, safety concerns, and/or resources (including available best practices, activities, and tools) may impact or support feasibility of the recommendation in practice?

  » Minimum dose range recommendations are of dubious value

- Additional Implementation Considerations:

  » Consider similar limitations on dose calculations as seen in Recommendation 2 (Compute weight-based drug dosage)

  » Existing sources for dose range recommendations should be integrated into workflow

  » Allow user access to best practices or standards (demonstrating correct information source + element of shown work for clinician to verify)

  » Ability to test EHR accuracy

  » Include in QA/QI testing process

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Remaining Topics for TF Discussion/Charge

- Recommendations 7-10 (tentative consensus)

- Supplemental Children's EHR Format Requirements

- Opioid Use Disorder (OUD) Request for Information (RFI)

- 2015 Edition "DS4P" and "consent management for APIs" certification criteria

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